EMDR Therapy in Adolescents with Borderline Personality Disorder

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Chapter Aim

- Raise awareness of high ACE exposure (adverse childhood experiences)
- Support timely EMDR therapy
- Provide practical guidance for applying EMDR therapy in adolescents with BPD

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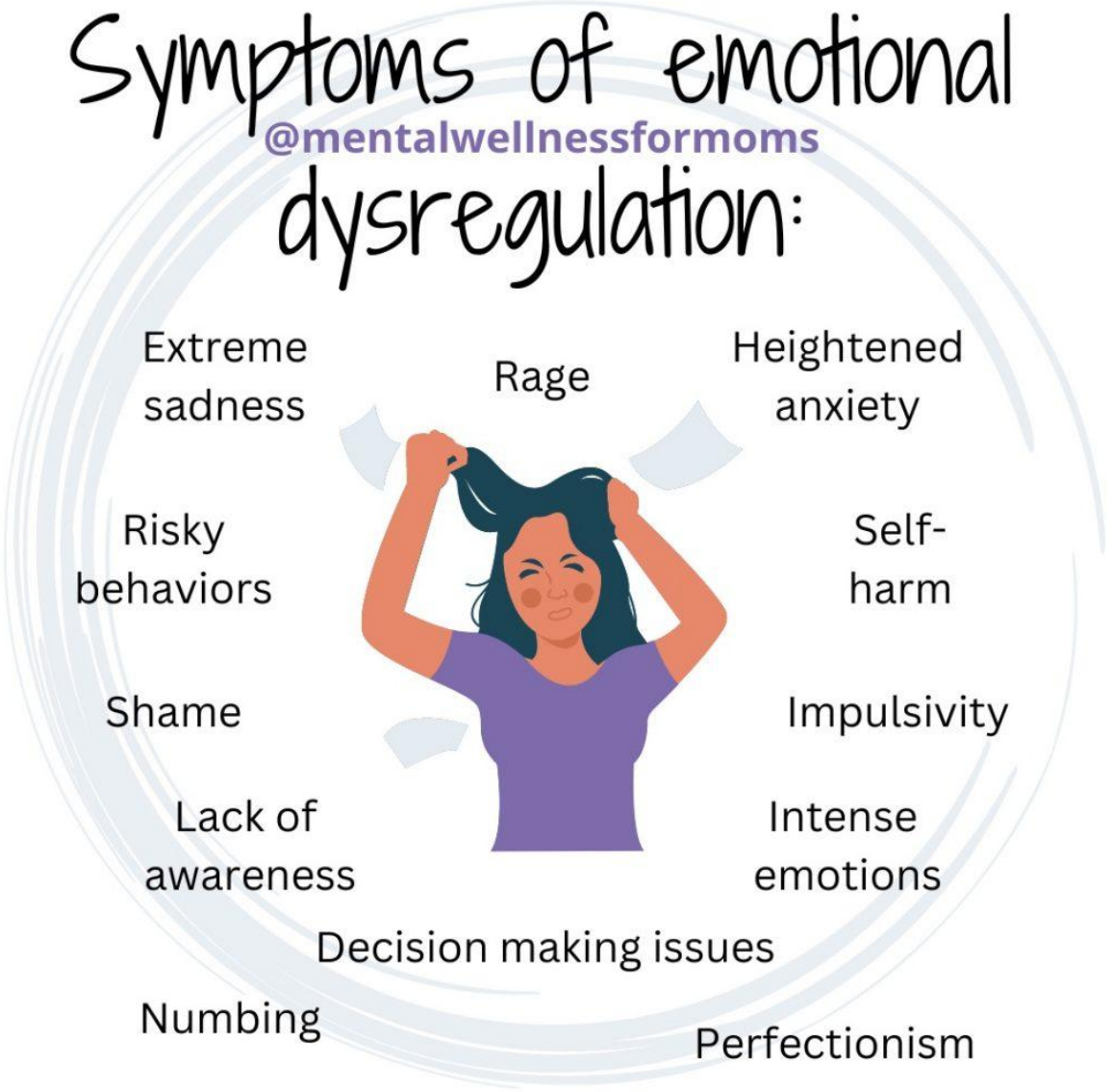
Target group

- BPD
- Subclinical borderline traits
- Other severe forms of emotion dysregulation



High exposure to ACEs

- Multiple ACEs: emotional neglect, abuse, chronic invalidation, unstable caregiving, and peer victimization.

- ACEs impact self-concept, emotion regulation, and interpersonal functioning.

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Trauma is often central

- In many adolescents with BPD, trauma-related memories and maladaptive learning experiences maintain emotional dysregulation.
- Self-harm, suicidality, substance use, and relational instability may function as attempts to regulate trauma-driven affect.
- Avoiding or postponing trauma treatment may unintentionally maintain core symptoms.

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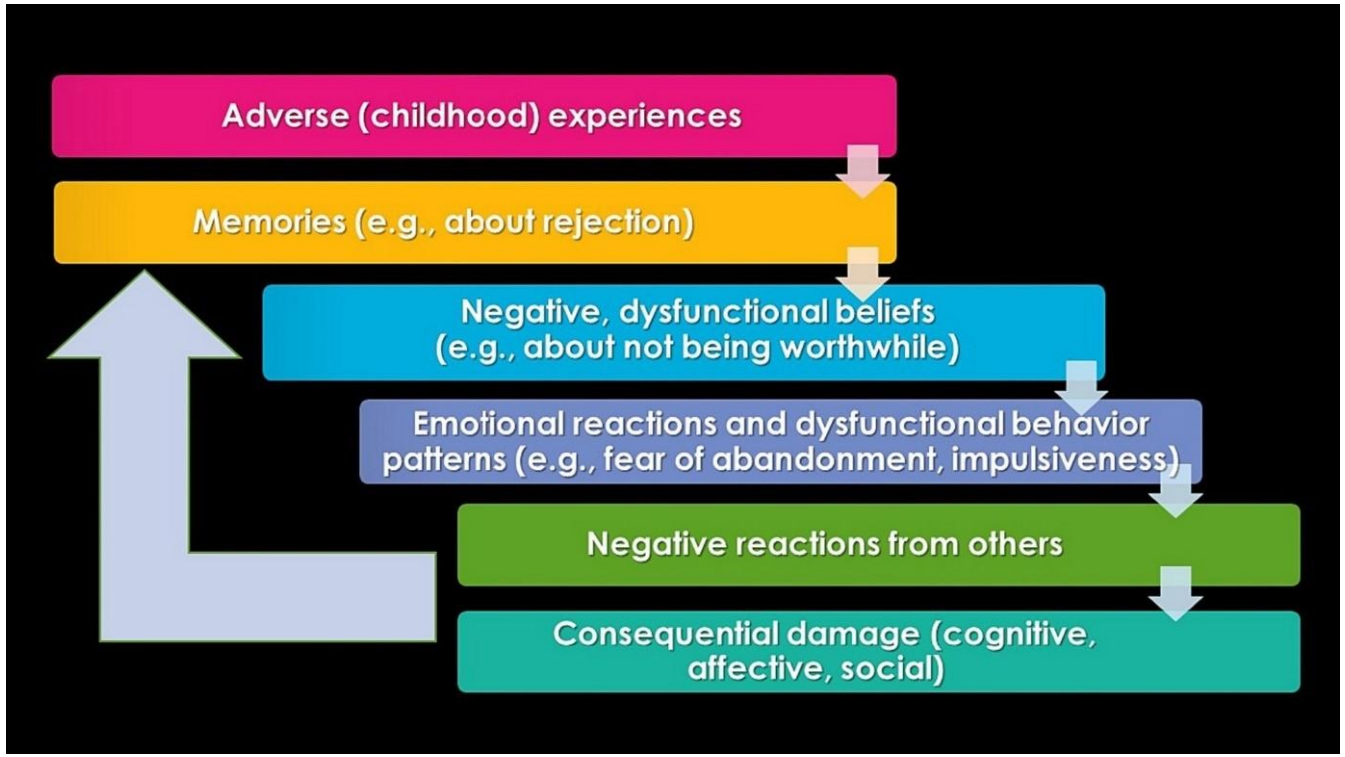
AIP model



A schematic representation of the adapted AIP model (adopted from De Jongh et al., 2024)

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EMDR therapy beyond PTSD

- EMDR therapy is also indicated for trauma-related symptom clusters and maladaptive beliefs originating from ACEs.

- Trauma processing can reduce emotional dysregulation, dissociation, and entrenched negative self-beliefs, even without meeting PTSD criteria.

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Research

Reductions in PTSD symptoms, dissociation and insomnia in BPD
(Slotema et al., 2019)

Trauma-focused treatment added to standard care improves outcomes
(Harned et al., 2018)

Improvements in personality functioning & PD symptoms
(Hafkemeijer et al., 2020, 2021,2025; Hofman et al, 2022,2025)

Intensive trauma-focused treatment shows promising results in PD
(Kolthof et al., 2022)

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Indications

- PTSD or trauma-related symptoms
- Trauma often “masked” by behavioural dysregulation
- Core beliefs (“I am worthless” or “Others cannot be trusted”) can be rooted in memories of ACEs.
- Self-harm or suicidality: not automatically a contraindication

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Timing requires clinical judgement

- Safety
- Environmental reinforcement of dysregulation
- Coachability during crises

When trauma is maintaining dysregulation, timely processing may reduce risk rather than increase it.

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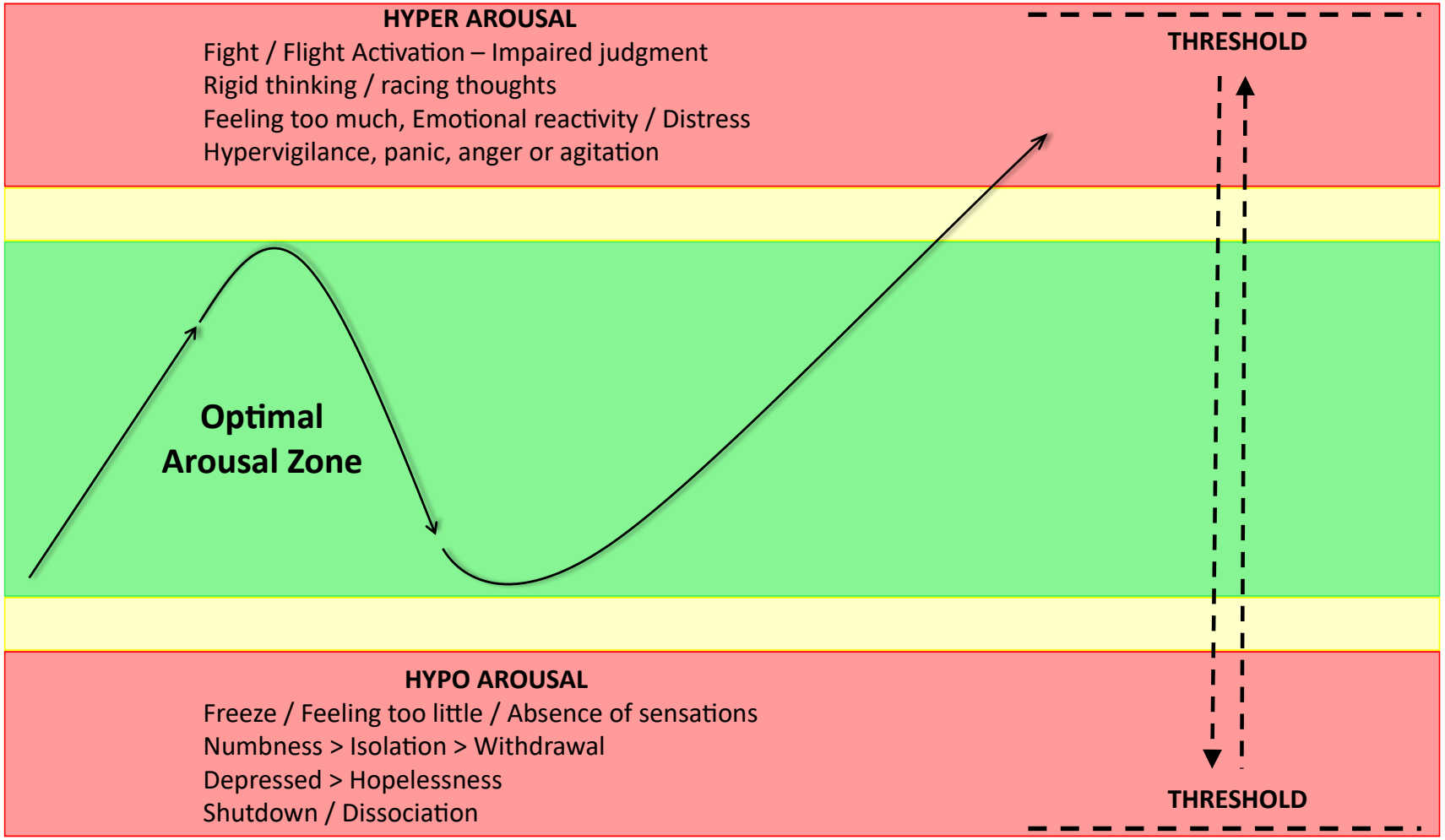
Overcontrol and undercontrol



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Managing processing

- Undercontrol: working memory load may be increased to maintain an optimal processing level.
- Overcontrol: emotional access may be facilitated by reducing load and directing attention to primary affect.
- Adjust to control style.

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Preparation creates safety

- Clear psycho-education about EMDR therapy
- Discuss temporary intensification of emotions
- Active involvement of caregivers / network
- Structured crisis plan with clear roles

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Target selection

- Prioritize most disturbing intrusive memories + trauma-related learning experiences
- Distinguish “trauma networks” => prevent cross-activation
- Link problem behaviour to activated memory networks

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Importance

- Do not exclude adolescents with (subclinical) BPD and high ACEs exposure
- EMDR will reduce dysregulation when carefully prepared and embedded
- Treating ACEs is essential for sustainable improvement.

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Key messages

- High ACE exposure is common in adolescents with BPD.
- Core symptoms can reflect maladaptively stored experiences.
- EMDR can support sustainable improvement when well prepared.

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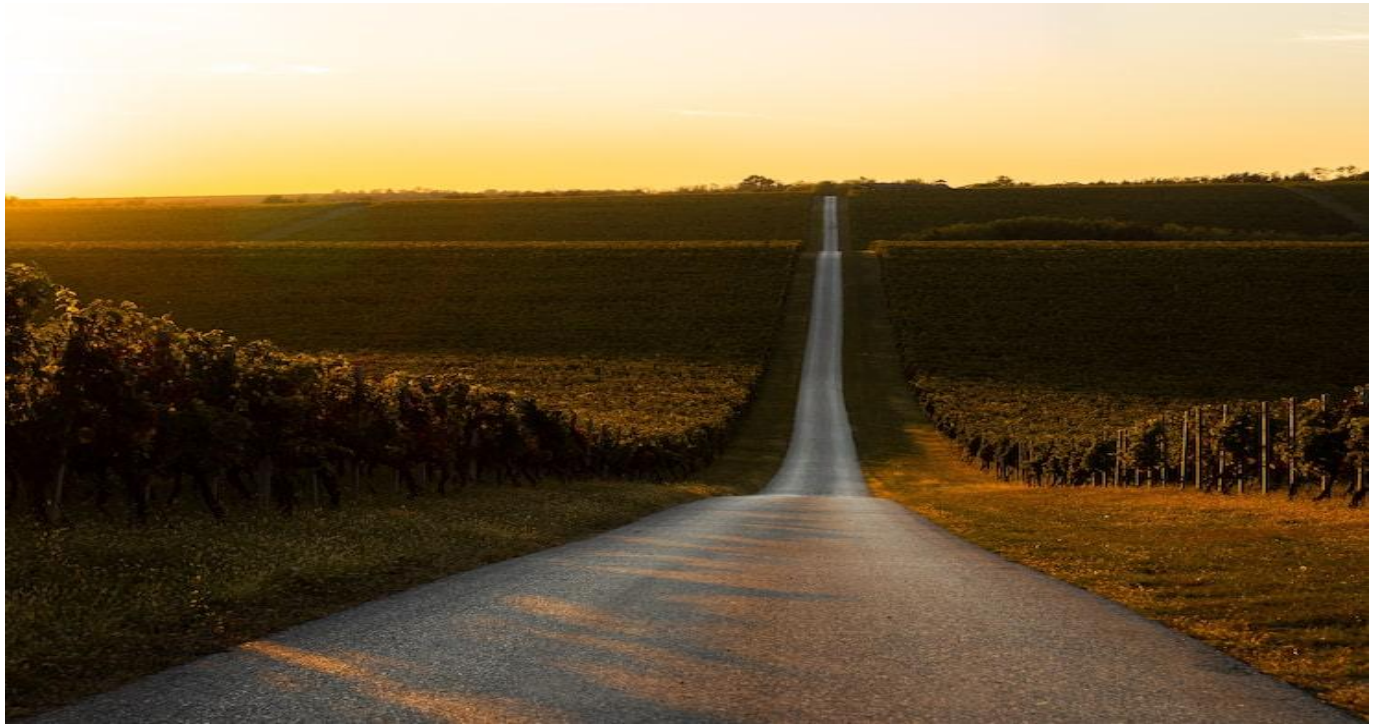
Questions



Thank you for your attention!

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